

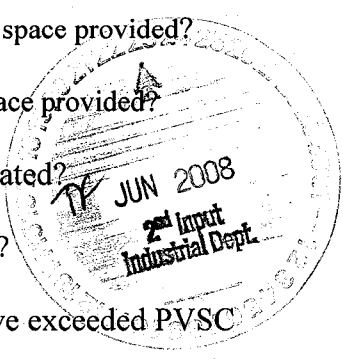
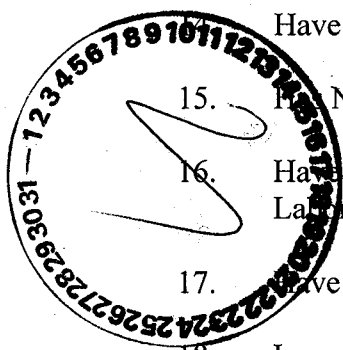
MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

SIGNMASTERS

26220031

1. Month of MAY 1, 2008 THRU MAY 31, 2008

- | | | | | |
|-----|--|------------------------------------|------------------------------------|-----|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input checked="" type="radio"/> Y | N | N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input checked="" type="radio"/> Y | N | N/A |



MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies

CompleteDate Reviewed 6/17/08 Date sent to user

Date due back Reviewer

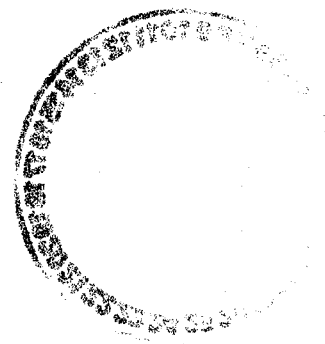
J. Hudson

Second review comments on deficiencies

Date Reviewed Date sent to user

Date due back Reviewer

Date Reviewer



PRETREATMENT MONITORING REPORT

NAME: SIGNMASTERS, INC.MAILING ADDRESS: 217 BROOK AVENUE PASSAIC, NJ 07055FACILITY LOCATION: 217 BROOK AVENUE PASSAIC, NJ 07055CATEGORY & SUBPART: 9999OUTLET #: 1CONTACT OFFICIAL: Mr. John BelnowskiTELEPHONE: 973-614-8300NEW CUSTOMER ID / OUTLET ID: 26220028 - 1 OLD OUTLET DESIGNATION: _____

MONITORING PERIOD

Average

Maximum

Start			End		
MO	DAY	YR	MO	DAY	YR
5	1	08	5	31	08

Regulated Flow-gal/day 1,653 gallons/mo. % 22 work daysTotal Flow-gal/day 75.2 gallons/day 82.65 gal/day maximumMethod Used: Direct water meter readings (see Table 1).Production Rate (if applicable) 7

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
		MON AVG	MAXIMUM	UNITS		
Copper	Sample Measurement	0.0914 mg/l			ONE	Comp
	Permit Requirement	3.02 mg/l				
Lead	Sample Measurement	0.0359 "				Comp
	Permit Requirement	0.54 mg/l				
Nickel	Sample Measurement	0.0045 "				Comp
	Permit Requirement	5.9 mg/l				
Zinc	Sample Measurement	0.10 "				Comp
	Permit Requirement	1.61 mg/l				
TPH	Sample Measurement	< 5.05 "				Grab ✓
	Permit Requirement	100 mg/l				
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					


PRETREATMENT MONITORING REPORTCertification of Non-Use if applicable (use additional sheets): _____

_____Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every
parameter used: Signmasters was in compliance with PVSC local limits.

_____Explain Method for preserving samples: Nitric acid to pH less than 2.0ppm.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal
Executive or Authorized Agent

Mr. John Belnowski

Supervisor, Environmental Health & Safety
Type Name and Title
6/12/08

Date



ANALYTICAL DATA REPORT

for

Hesa Environmental Corp.

23 Jefferson Plaza

Princeton, NJ 08540

Project Name: SIGNMASTERS

Lab Case Number: E08-05129

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 05129-001

Client ID: WS-107

Matrix-Units: Aqueous-ug/L

Percent Moisture: 100

Date Sampled: 5/7/2008

Time Sampled: 14:30

Date Analyzed: 5/12/08

Parameter

Result

Q

MDL

Copper

91.4

8.00

Lead

35.9

2.00

Nickel

4.52

4.00

Zinc

101

8.00

General Analytical

Lab ID: 05129-001

Client ID: WS-107

Percent Moisture: 100

Date Sampled: 5/7/2008

Time Sampled: 14:30

Parameter

Result

MDL

Matrix-Units

Date Analyzed

Biochemical Oxygen Demand

1150000

2000

Aqueous-ug/L

5/9/2008 8:00

Total Suspended Solids

33000

12500

Aqueous-ug/L

5/9/2008 12:00

Oil & Grease SGT-HEM

ND

5050

Aqueous-ug/L

5/20/2008 18:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

 Michael H. Leftin, Ph.D.
 Laboratory Director

 273 Franklin Road
 Randolph, NJ 07869
 Phone: 973 361 4252
 Fax: 973 389 5268


IAL is a NELAP New Jersey Certified Lab (#4761) and maintains certification in Connecticut (#14-0593), New York (#1462), Rhode Island (#0125), Pennsylvania (#8-00773) and in the Department of Labor (PA Physical).

TABLE 1**REVISED WATER METER READINGS AND SANITARY/INDUSTRIAL USAGE**

SIGNMASTERS, INC.,
217 BROOK AVENUE, PASSAIC PARK, NJ
Through May 30, 2008

All readings in gallons

MONTH BEGINNING	READING	MONTH ENDING	READING	INDUSTRIAL USAGE (MINUS 5%)	SANITARY USAGE
May 1, 2008		May 30, 2008			
Industrial (M-3)	382,430	Industrial (M-3)	384,170	1,740 (1,653)	
Sanitary (M-2)	1,045,500	Sanitary (M-2)	1,055,700		8,460
Sanitary (M-1)	130,569	Sanitary (M-1)	131,548		979
Total Monthly				1,653	9,439
April 1, 2008		April 30, 2008			
Industrial (M-3)	380,500	Industrial (M-3)	382,430	1,930 (1,834)	
Sanitary (M-2)	1,034,500	Sanitary (M-2)	1,045,500		9,070
Sanitary (M-1)	129,629	Sanitary (M-1)	130,569		994
Total Monthly				1,834	10,064
March 1, 2008		March 31, 2008			
Industrial (M-3)	379,310	Industrial (M-3)	380,500	1,190 (1,131)	
Sanitary (M-2)	1,025,000	Sanitary (M-2)	1,034,500		8,310
Sanitary (M-1)	128,711	Sanitary (M-1)	129,629		918
Total Monthly				1,131	9,228

Legend: **M-1** = Sanitary (i.e., men's room).
M-2 = Sanitary (i.e., ladies room, men's sink, stripping room, pipes to press machines; M-2 is based on the meter reading of M-2 minus the meter reading of M-3. (i.e., M-3 industrial meter reading minus sanitary)
M-3 = Industrial.



Laboratory Custody Chronicle

IAL Case No.

E08-05129Client Hesa Environmental Corp.Project SIGNMASTERSReceived On 5/ 7/2008@16:00**Department: Metals**

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Copper - Cu	05129-001	Aqueous	5/12/08	Lisa	5/12/08	Helge
Lead - Pb	-001	Aqueous	5/12/08	Lisa	5/12/08	Helge
Nickel - Ni	-001	Aqueous	5/12/08	Lisa	5/12/08	Helge
Zinc - Zn	-001	Aqueous	5/12/08	Lisa	5/12/08	Helge

Department: Wet Chemistry

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
BOD	-001	Aqueous	n/a	n/a	5/ 9/08@08:00	Kris
Oil & Grease SGT-HEM	-001	Aqueous	n/a	n/a	5/20/08	Robert
TSS (Suspended)	-001	Aqueous	n/a	n/a	5/ 9/08	Kam

Review and Approval:



PROJECT INFORMATION

Case No. **E08-05129**Project **SIGNMASTERS**

Customer Hesa Environmental Corp.	P.O. #
Contact Jay Johnnidis	Received 5/7/2008 16:00
E-Mail jj@hesaenviro.com <input type="checkbox"/> EMail EDDs	Verbal Due 5/21/2008
Phone cell 609-577-2793 Fax 1(732) 329-6454	Report Due 5/29/2008
Report To	Bill To
23 Jefferson Plaza	23 Jefferson Plaza
Princeton, NJ 08540	Princeton, NJ 08540
Attn: Jay Johnnidis	Attn: Jay Johnnidis
Report Format Result Only	
Additional Info <input type="checkbox"/> State Form <input type="checkbox"/> Field Sampling <input type="checkbox"/> Conditional VOA	

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Depth Top / Bottom</u>	<u>Sampling Time</u>	<u>Matrix</u>	<u>Unit</u>	<u># of Containers</u>
05129-001	WS-107	n/a	5/7/2008@14:30	Aqueous	ug/L	4
<u>Sample #</u>	<u>Tests</u>	<u>Status</u>	<u>QA Method</u>			
001	Copper - Cu	Run	200.8			
"	Lead - Pb	Run	200.8			
"	Nickel - Ni	Run	200.8			
"	Zinc - Zn	Run	200.8			
"	BOD	Run	5210B			
"	Oil - Grease SGT-HEM	Run	1664A SGT-HEM			
"	TSS (Suspended)	Run	2540D			

CUSTOMER		REPORTING INFO	
Company:	HE SA	REPORT TO:	
Address:		Address:	
Telephone #:	732-329-6363	Attn:	
Fax #:	— 6454	FAX #	
Project Manager:	J JOHANNIDES	INVOICE TO:	
Sampler:	11	Address:	
Project Name:	SIGNINATARS		
Project Location (State):			
Bottle Order #:		Attn:	
Quote #:		PO #	

[illegible]

Turnaround Time (starts the following day if samples rec'd at lab > 5PM)			Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT GUARANTEED WITHOUT LAB APPROVAL. RUSH SURCHARGES WILL APPLY IF ABLE TO ACCOMMODATE***			
Conditional TPHC			Results needed by:	Rush TAT Charge **	Report Format	DISKETTE
24 hr*	48 hr	72 hr	NA	24 hr - 100 % ... 48 hr - 75 % ... 72 hr - 50 % ... 96 hr - 35 % ... 5 day - 25 % ... 6-9 day 10 %	Results Only Reduced Regulatory Other (describe)	SRP. dbf format SRP. wk1 format lab approved custom EDD NO DISK/CD REQ'D
Verbal/Fax			2 wk/Std			
24 hr*	48 hr*	72 hr*	1 wk*			
Hard Copy			3 wk/Std			
2 wk* call for price						

[illegible]

Known Hazard:	Yes	No	Describe:	Conc. Expected:	Low	Med	High
Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any MDL Req: Old GWQS - 11/05 GWQS - SCC - OTHER (SEE COMMENTS)							

Signature/Company	Date	Time	Signature/Company
Relinquished by: <i>[Signature]</i>	5/7/88	1430	Received by: <i>[Signature]</i>
Relinquished by: <i>[Signature]</i>	5/7/88	1600	Received by: <i>[Signature]</i>
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

Lab Case # 8675

PAGE: 7 of 7